**Supplementary Table 2.** Views regarding the presence of contextual factors supportive of HTA development and the need for guidance (n=55)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Contextual factor | | Present | Present to some extent | Not present | Guidance needed |
| Linkage between HTA and policy / practice | A (formal) mechanism or process to link HTA to policy making (e.g. legislation) | 20% | 49% | 31% | 69% |
| Allocation of public funding to HTA on an annual basis | 13% | 38% | 49% | 67% |
| A policy statement on the willingness to use HTA in policy and/or practice | 27% | 53% | 20% | 73% |
| Institutional environment | An independent institution (HTA organization or HTA focal point) | 16% | 42% | 42% | 67% |
| HTA process guidelines (is a systematic process in place for e.g. assessment and appraisal) | 33% | 31% | 36% | 69% |
| HTA method guidelines (is methodological guidance available for e.g. conducting economic analysis or clinical assessment) | 29% | 38% | 33% | 69% |
| Networking and capacity | An (inter)national networking strategy for collaboration between HTA organization(s) and relevant stakeholders | 20% | 42% | 38% | 75% |
| Sufficient capacity to carry out HTA, including medical disciplines, public health specialists, epidemiologists, statisticians, psychologists, biomedical engineers and/or economists | 18% | 53% | 29% | 75% |
| Ability to review international literature (i.e. access to databases), including expertise in searching the internet | 51% | 42% | 7% | 60% |
| (Domestic) HTA training opportunities (short courses, workshops, Master programs and PhD training) | 24% | 56% | 20% | 67% |